CANDIDATE / OFFICEHOLDER | Part | OFFICEHOLDER | FORM C/OH CAMPAIGN FINANCE REPORT

COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. John NICKNAME LAST NOTWOOD	MI D . SUFFIX	OFFICE USE ONLY Date Received 7/15/15
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / POBOX; APT/SUITE#; CITY; 2740 Farmers Branch Farmers Branch, Texas	state; zipcode ane 75234	Date Hand-delivered of Postmarked Recelpt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 579		Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MACY NICKNAME LAST Anderson	MI C SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREETADDRESS (NO PO BOX PLEASE); APT/SUITE#; 4346 Meadowdale Lan Davias, Tx 75229	CITY; STATE;	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 350 365.7	EXTENSION	
9 REPORT TYPE	July 15 30th day before election 8th day before election	Runoff Exceeded \$500 ilmit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Dey Year THROUGH	KANA	UM YMA
11 ELECTION	Month ELECTION DATE SELECTION TYPE Primary		Special Special
12 OFFICE	OFFICEHELD (if any)	13 OFFICE SOUGHT (If known)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME		620	3 ACCOUNT # (E	Ethics Commission Filers)
*	John D. Norwood		N/A	8
4 Date	5 Full name of contributorout-of-state PAC(IDIX		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Phillip Clay Russell	3	CONTRIDUCTION (4)	description (ii approasie)
04.27.15	6 Contributor address; City; State; Zip Code	. 1 4 4 4 4 4 4 4 4 4	75 110	İ
	12427 Veronica Circle		75.48	
	Farmers Branch, Tx 7523	4	(if travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions) N/	Δ
			, , ,	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	in-kind contribution description (if applicable)
	Murphy Nasica			
12.1 27 1	Contributor address; City; State; Zip Code		3350	
04.61.15	815-A Brazos Street		3330	
	Austin, Tx 78701		(if travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) NA Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Murphy Nasica		contribution (\$)	description (if applicable)
0427.15	Contributor address; City; State; Zip Code	******	2605.48	l
0 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	815-A Bruzos Street		2003. (8	
	Austin Tx 78701		(If travel outside	of Texas, complete Schedule T)
Principal accumption / Joh title (See Instructions) Employer (See Instructions)				7
	N/A			V/A
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Murphy Nasica Contributor address; City; State; Zip Code		Continuation (4)	description (ii apprisation)
04.27.15				
	815-A Brazos Street		250	
	Austin, Tx 78701		(If travel outside o	of Texas, complete Schedule T)
Principal occup	nation / Joh title (See Instructions)	Employer (See I		NIA
N/A Employer (cos mandedons)				
Date	Full name of contributor out-of-state PAC (IDM:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Murphy Nasica		Contabbasion (4)	Coolipson (a application)
05.22.15	Contributor address; City; State; Zip Code		210	
	Murphy Nasica Contributor address: City: State; Zip Code 815-A Brazos Street		210	
_	Austin, Tx 78701	-	(If travel outside o	of Texas, complete Schedule T)
Principal occup	nation / Joh title (See Instructions)	Employer (See I		110
	N/A			17

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	John D. Norwood	H	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05.02.15	Murphy Nasica 6 Contributor address; City: State: Zip Code 815-A Bruzos Street		250	
	Austin, Texas 78701		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	N/A °
Date	Full name of contributor out-of-state PAC (ID#_ Murphy Nasica		Amount of contribution (\$)	In-kind contribution description (if applicable)
05.01.15	Murphy Nasica Contributor address; City; State; ZID Code 815-A Brazos Street		2,543.77	
	Austin, Tx 78701		(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) NA Employer (See Instructions)				N/A
Date	Full name of contributor out-of-state PAC(IDR_		Amount of contribution (\$)	In-kind contribution description (if applicable)
05.11.15	gofudne Contributor address; City; State; Zip Code			
v	Po Box 711798		56.20	
	San Diego, CA 92171		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	/A
Date	Full name of contributor cut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			1	
Principal occup	ation / Job title (See Instructions)	Employer (See I	- Line was a series of the ser	of Texas, complete Schedule T)
1 Employer (Gee mandedons)				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	**********		
	¥			
	I CHECK TO THE TOTAL THE T			of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

if contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political Committee

Transportation Equipment & Related Expense

Fees	Printing Expense Office Overhead/R	ental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to o	
1 Total pages Schedule G:	John D. Norwood	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
04.15.15	4 Corners Cafe	
	7 Payee address; City; State; Zip Code	
6 Amount (\$)	13 260 Josey Lane, Swife 10	09
Reimbursement from political contributions intended	Farmers Branch, Tx 75234	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expense	Campaign Meeting Checkif Austin, TX, officeholder living expense.
Date	Payee name	
04.17.15	Outra Oven	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from	7979 N. Macarthur Bld	_
political contributions intended	Irving, Tx 75063	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	CAKE WALK DONATION JAMIE STARK PTA Check if Austin, TX, officeholder living expense
Date	Payee name	
04.17.15	Outta Oven	
Amount (\$)	Payee address; City; State; Zip Code	
Z 9,75	7979 N. Macarthur Blod	
political contributions intended	Irving, Tx 75063	and the second s
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T) CAKE WALK DOWATION.
OF EXPENDITURE	Advertising	. JANIE STARK PTA Check if Austin, TX, officeholder living expense
Date	Payee name	
04.02.15	Kee Kopy, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
673.86 Reimbursement from political contributions intended	15072 Beltway Drive Addison, Tx 75001	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If traval outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Chapaign Mailes Check if Austin, TX, office holder living expense
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide explains how to	ntract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)
1 Total page - Schedule G:	John D. Norwood	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04.17.15	5 Payee name Kee Kopy, Inc.	
6 Amount (\$) +3.30 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 15072 Beltway Drive Addison, Tx 75001	•
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Much and Great Flyers Check if Austin, TX, officeholder living expense
Date 04.15.15	Payee name	
Amount (\$) 1,241 14 Reimbursement from political contributions intended	Ree Kopy, Inc. Payee address; City; State; Zip Code 15072 Beltway Drive Addison, Tx 75001	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Postage Check if Austin, TX, officeholder living expense
Date 04.13.15	Payee name Janie Stark PTA	9
Amount (\$) Beimbursement from political contributions intended	Payee address; City; State; Zip Code 12400 Josey Lane Dallas, Tx 75234	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Bounce House Sporsor Check if Austin, TX, officeholder living expense
Date 05.13.15	Payee name Eugle Postal Express	
Amount (\$) 2.9.41 Reimbursement from political contributions intended	Payee address: City; State; Zip Code 12895 Josey Lane Farmers Branch, Tx 75234	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Officer	Description (If travel outside of Texas, complete Schedule T) Tablet Return Check if Austin, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Texas Ethics Commission

SCHEDULE G

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D Printing Expense Office Overhead The Instruction Guide explains how to	raising Expense t istrict /Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) form.
1 Total pages Schedule G:	2 FILER NAME John D. Narwood		3 ACCOUNT # (Ethics Commission Filers)
4 Date 05.08.15	5 Payee name Custom Award and Trophy 7 Payee address; City; State; Zip Code		
6 Amount (\$) 313 93 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 12879 Josey Lane Farmers Branch, Tx 7523		•
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description	on (If travel outside of Texas, complete Schedule T)
05-01-15	Payee name Flex Press	4	
Amount (\$) 541.50 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4410 Spring Valley Road Dullas, Tx 75244		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	T	on (If travel outside of Texas, complete Schedule T) (If Example Schedule T) (If Austin, TX, officeholder living expense)
Date 05-06-15	Payee name Integritees		
Amount (\$) 475.85 Reimbursement from political contributions intended	Payee address; City: State; Zip Code 3306 AVENUE L LUBBOCK, TX 7941		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	1	on (If travel outside of Texas, complete Schedule T) - Shirts if Austin, TX, officeholder living expense
Date 05.07.15	Payee name Keekapu		
Amount (\$) 97, 43 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 15072 Bettway Drive Addison, Tx 75001		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		on (If travel outside of Texas, complete Schedule T) TYPECS if Austin, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE A	SNEEDED